

In the Claims:

Amend claims 34-37 and add new claims 41 and 42 as follows:

1.-7. (Cancelled)

8. (Withdrawn) The method of claim 7, wherein the endoscopic cannula has a lumen and the pericardial entry instrument is advanced to the pericardium through the lumen.

9. (Withdrawn) The method of claim 1, wherein said surgical instrument advanced in step (d) is a stapler for stapling off the atrial appendage.

10. (Withdrawn) The method of claim 1, wherein said surgical instrument advanced in step (d) is an ablation device.

11. (Cancelled)

12. (Withdrawn) The method of claim 1, wherein said surgical instrument advanced in step (d) is a device for performing intrapericardial drug delivery.

13. (Withdrawn) The method of claim 1, wherein said surgical instrument advanced in step (d) is a device for performing a myocardial biopsy.

14. (Cancelled)

15. (Withdrawn) The method of claim 1, wherein said surgical instrument advanced in step (d) is a needle for injecting cardiac muscle cells or undifferentiated satellite cells for cellular cardiomyoplasty.

16. (Withdrawn) The method of claim 1, wherein said surgical instrument advanced in step (d) is a cannula for injecting pharmacological agents for angiogenesis.

17. (Withdrawn) The method of claim 1, wherein said surgical instrument advanced in step (d) is a robotic, cutting, stabilizing, or anastomotic instrument for performing coronary artery bypass or coronary artery bypass grafting.

18. (Withdrawn) The method of claim 1, wherein said surgical instrument advanced in step (d) is an energy probe or mechanical piercing element for piercing the heart muscle for transmyocardial revascularization.

19. (Withdrawn) The method of claim 1, wherein said surgical instrument advanced in step (d) is a device for creating a pericardial window.

20. (Withdrawn) The method of claim 1, wherein said surgical instrument advanced in step (d) is a stapler for stapling off the atrial appendage.

21. (Withdrawn) The method of claim 1, wherein said surgical instrument advanced in step (d) is a suture loop for cinching off the atrial appendage.

22. (Withdrawn) The method of claim 1, wherein said surgical instrument advanced in step (d) is a clip for sealing off the atrial appendage.

23-27 (Cancelled)

28. (Withdrawn) A method of performing a surgical procedure on a mediastinal organ other than the heart, comprising the steps of:

(a) making a subxiphoid incision to provide an entry point for an endoscopic cannula, wherein said endoscopic cannula has at least one access port;

(b) inserting said endoscopic cannula into the incision;

(c) advancing said endoscopic cannula to a surgical site within the mediastinum under endoscopic visualization; and

(d) advancing a surgical instrument through said at least one access port of said endoscopic cannula.

29. (Withdrawn) The method of claim 28, further comprising the step of:

(e) after step (d), performing the surgical procedure on said mediastinal organ.

30. (Withdrawn) The method of claim 28, wherein the subxiphoid incision has a length no longer than required for insertion of the endoscopic cannula.

31. (Withdrawn) The method of claim 28, wherein only a single subxiphoid incision is made.

32. (Withdrawn) The method of claim 28, wherein at least one additional subxiphoid incision is made during step (a), and the method also includes the step of:

(e) inserting an additional surgical instrument through said at least one additional incision.

33. (Withdrawn) The method of claim 28, further comprising:

(e) before step (b), using a dilation tool to provide a dilated cavity to facilitate insertion of the endoscopic cannula.

34. (Currently Amended) A method of performing a cardiac procedure with a rigid endoscopic cannula ~~having~~ and a laterally expandable sheath ~~overlying the endoscopic cannula~~, comprising the steps of:

- (a) incising skin overlying an entry point for the cardiac procedures;
- (b) inserting the rigid endoscopic cannula disposed within the expandable sheath into the incision;

(c) advancing the ~~endoscopic~~ rigid cannula with the expandable sheath disposed thereon through tissue under endoscopic visualization to form a passage of dissected tissue between the incision and the pericardium; and

(d) laterally expanding the sheath within the passage responsive to withdrawing the ~~endoscopic~~ rigid cannula through the expandable sheath in a direction toward a proximal end thereof to form a working cavity in dilated tissue along the passage.

35. (Currently Amended) The method of claim 34 in which the rigid ~~endoscopic~~ cannula of selected diameter includes a distal tip of greater than the selected diameter, and wherein dilating the working cavity further comprises:

laterally expanding the sheath responsive to the distal tip withdrawing with the ~~endoscopic~~ rigid cannula through the sheath in a direction toward the proximal end thereof, leaving the expandable sheath positioned in the passage.

36. (Currently Amended) The method of claim 34 further comprising the step of:

(e) additionally dilating the working cavity to larger lateral dimensions than the greater diameter of the distal tip on the ~~endoscopic~~ rigid cannula responsive to insertion into the expandable sheath positioned within the passage of

a surgical ~~tools~~ tool having lateral dimensions larger than the greater diameter of the distal tip on the ~~endoscopic~~ rigid cannula.

37. (Currently Amended) The method of claim 35 further comprising the steps of:

(e) inserting into a proximate end of the expandable sheath positioned within the passage ~~a surgical tool~~ an endoscopic cannula for performing a cardiac procedure in which the ~~surgical tool~~ endoscopic cannula has a maximal lateral dimension greater than a maximal lateral dimension to which the sheath expanded in response to withdrawal therethrough of the distal tip of the ~~endoscopic~~ rigid cannula;

(f) advancing the ~~surgical tool~~ endoscopic cannula within the expandable sheath positioned within the working cavity toward a distal end thereof to laterally expand the expandable sheath and additionally dilate tissue in the working cavity; and

(g) performing a cardiac procedure using the ~~surgical tool~~ endoscopic cannula.

38. (Withdrawn) An endoscopic cannula, comprising:
a cannula, having an elongated body having arcuate shape and defining at least one lumen;

a tip positioned at a distal end of said elongated body, said tip having a tapered distal end and being transparent for facilitating visualization through said tip; and

an endoscope, positioned at least partially in said at least one lumen for providing visualization of a surgical procedure through said transparent tapered tip.

39. (Withdrawn) The endoscopic cannula of claim 38, wherein said cannula is composed of a flexible material.

40. (Cancelled)

41. (New) The method of claim 36 in which the surgical tool includes an endoscopic cannula.

42. (New) A method of performing a cardiac procedure with a rigid endoscopic cannula and a laterally expandable sheath, comprising the steps of:

incising skin overlying an entry point for the cardiac procedures;

inserting the expandable sheath into the incision;

advancing the endoscopic rigid cannula within the expandable sheath under endoscopic visualization to form a passage of dissected tissue between the incision and the pericardium in response to the endoscopic cannula passing through the expandable sheath in a direction toward a distal end thereof to form a working cavity in dilated tissue along the passage; and

performing a cardiac procedure through the endoscopic cannula.